

**FILED MAY 28 1942 791**

**1003**

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**5560 Page Ave.** **1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **5560 Page Ave.**  
(If rural, give location)

(e) Citizen of foreign country?.....  
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Donald Jay Gerleman**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** **0** 5. Color or **W** race **Single** **0** 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. **July 20 1934**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>7</b>	<b>9</b>	<b>28</b>		hr. min.

9. Birthplace **St. Louis Mo. 0**  
(City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation **Student**

11. Industry or business.....

12. Name **Clarence Gerleman**

13. Birthplace **Mo. 0**  
(City, town, or county) (State or foreign country)

14. Maiden name **V. Scheer**

15. Birthplace **Mo. 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Clarence Gerleman**

(b) Address **5560 Page Ave.**

17. (a) **Burial** (b) Date thereof.....  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18**  
year **1942** hour **3** minute **30 P** M.

21. I hereby certify that I attended the deceased from **4-18-42**  
to **5-18-42**  
that I last saw him alive on **4-18**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Rheumatic Heart disease**

Due to **Acute Inf. Rheumatism**

Due to **Infected tonsils not kept clean**

Other conditions.....  
(Include pregnancy within 3 months of death)

Duration  
**about 4 weeks**

Major findings:  
Of operations..... **AS**

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature **Donald J. Klein** (M. D. or other) **DJK**

Address **2632 S. Kingshighway** Date signed **5/19/42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

000  
190  
9

Mr. W. H. Wilson La. 1718  
2632 S. Kingshighway  
1-3 P.M.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
..... working under my personal supervision.

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**